F0-71 -2

Express Mail Label No. EV770043934US

AF / TFW
PATENT

Attorney Docket No.: 24-AT-135859

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gamble et al.

Art Unit: 3663

Serial No.: 10/749,869

Examiner: R. Palabrica

Filed: December 31, 2003

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For:

CORE CATCHER COOLING

Mail Stop: AF

**Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

### **TRANSMITTAL**

1. Transmitted herewith is:

Amendment After Final (12 pgs.), in response to Office Action dated March 16, 2007, and made final

Transmittal Form (3 pgs.), in duplicate
One (1) Sheet of Replacement Drawings

Return Post Card

### **STATUS**

2. Applicant

claims small entity status.

is other than a small entity.

## CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV770043934US

Date: May 16, 2007

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: AF, Commissioner for Patents,

P.O. Box 1450, Alexandria, VA 22313-1450.

Michael Tersillo, Reg. No. 42,180

# **EXTENSION OF TERM**

| 3.   | The proce apply.  | lings herein are for a patent application and the provisions of 37 C.F.R. 1.136 |                             |                                  |  |  |  |  |  |  |   |
|--|---|---|-----------------------------|----------------------------------|--|--|--|--|--|--|---|
|  | ирргу.  | (complete (a) or (b), as applicable)  |                             |                                  |  |  |  |  |  |  |   |
|  | (a)   | Applicant petitions for an ext<br>(Fees: 37 C.F.R. 1.17(a)-(d                   |                             |                                  |  |  |  |  |  |  |   |
|  |   | Extension for response within:  | Other than small entity Fee | Small entity Fee (if applicable) |  |  |  |  |  |  |   |
|  |   | first month   | \$ 120.00                   | \$ 60.00                         |  |  |  |  |  |  |   |
|  |   | second month  | \$ 450.00                   | \$ 225.00                        |  |  |  |  |  |  |   |
|  |   | third month   | \$ 1,020.00                 | \$ 510.00                        |  |  |  |  |  |  |   |
|  |   | fourth month  | \$1,590.00                  | \$ 795.00                        |  |  |  |  |  |  |   |
|  |   | fifth month   | \$2,160.00                  | \$1,080.00                       |  |  |  |  |  |  |   |
|  |   |   | Fee:                        | \$                               |  |  |  |  |  |  |   |
| If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable) |   |   |                             |                                  |  |  |  |  |  |  |   |
|  |   |   |                             |                                  |  |  |  |  |  |  | An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |
|  | Extension fee due with this request \$  |   |                             |                                  |  |  |  |  |  |  |   |
|  | OR  |   |                             |                                  |  |  |  |  |  |  |   |
|  | (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extens of time. |   |                             |                                  |  |  |  |  |  |  |   |
|  |   |   |                             |                                  |  |  |  |  |  |  |   |
|  |   |   |                             |                                  |  |  |  |  |  |  |   |

# FEE FOR CLAIMS

| 4.              | (Col. 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | ıms (37 C          | رک. <b>۲. K.</b> ۱.10(۵<br>(Col. 2) | (Col. 3) NO. SLY PRESENT | been calculated as showing small entity  Additional.  RATE FEE OR      |    | VN DEIOW:<br>OTHER THAN<br>SMALL ENTITY |  |  |
|-----------------|---|---|--------------------|-------------------------------------|--------------------------|--|----|---|--|--|
|                 |   |   | HIGHEST<br>PREVIOU | HIGHEST NO. PREVIOUSLY PAID FOR     |                          |  |    | ADDITIONAL<br>RATE FEE                  |  |  |
| TOTAL           |   |   | MINUS              |                                     | =                        | x \$25.00 = \$   |    | x \$50.00 = \$                          |  |  |
| TOTAL<br>INDEP. |   |   | MINUS              |                                     | =                        | x \$100.00 = \$  |    | x \$200.00 = \$                         |  |  |
|                 | _ FIRS  | T PRESEN  | TATION OF          | MULTIPLE DEP. (                     | CLAIM                    | + \$180.00 = \$  |    | + \$360.00 = \$                         |  |  |
|                 |   |   |                    |                                     |                          | TOTAL ADDITIONAL FEE \$  | OR | TOTAL ADDITIONAL FEE \$                 |  |  |
|                 | (a)   | $\boxtimes$   | No add             | itional fee fo                      | r Claims is              | required   |    |   |  |  |
|                 |   |   |                    |                                     | OR                       |  |    |   |  |  |
|                 | (b)   |   | Total a            | dditional fee                       | for claims               | required \$  |    |   |  |  |
|                 |   |   |                    | FEI                                 | E PAYME                  | NT   |    |   |  |  |
| 5.              |   | Attach  | ed is a c          | heck in the s                       | um of \$                 | <del> </del>   |    |   |  |  |
|                 |   | _   | •                  | t Account No<br>this transmit       |                          |  |    |   |  |  |
|                 |   |   |                    | FEE                                 | DEFICIE                  | NCY  |    |   |  |  |
| 6.              | $\boxtimes$                                   | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384. |                    |                                     |                          |  |    |   |  |  |
|                 |   |   |                    |                                     | AND/OR                   |  |    |   |  |  |
|                 | $\boxtimes$                                   | If any additional fee for claims is required, charge Deposit Account No. 01-2384.       |                    |                                     |                          |  |    |   |  |  |
| 7.              |   | Other:  |                    |                                     |                          |  |    |   |  |  |
|                 |   |   |                    |                                     | Reg<br>AR                | chael Tersillo<br>g. No. 42,180<br>MSTRONG TEAS<br>e Metropolitan Squa |    |   |  |  |
|                 |   |   |                    |                                     | St. 1                    | Louis, MO 63102  |    |   |  |  |

314-621-5070